



Mr. Keith Marvel Walton
 Name and Prisoner/Booking Number
U.S. Penitentiary
 Place of Confinement
P.O. Box 24550
 Mailing Address
Tucson, AZ 85734
 City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
 FOR THE DISTRICT OF ARIZONA

Keith Marvel Walton
 (Full Name of Plaintiff)

Plaintiff,

v.

(1) Bureau of Alcohol,
 (Full Name of Defendant)
Tobacco, And Firearms (ATF)
 (2) _____

(3) _____

(4) _____

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. CV-21-446-TUC-JCH-PSOT
 (To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT
 BY A PRISONER

- ☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☐ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).

☒ Other: 5 U.S.C. § 552 Freedom of Information Act

2. Institution/city where violation occurred: USP Tucson, Arizona

B. DEFENDANTS

1. Name of first Defendant: ATF. The first Defendant is employed
as: ATF at ATF.
(Position and Title) (Institution)
2. Name of second Defendant: N/A. The second Defendant is employed as:
as: N/A at N/A.
(Position and Title) (Institution)
3. Name of third Defendant: N/A. The third Defendant is employed
as: N/A at N/A.
(Position and Title) (Institution)
4. Name of fourth Defendant: N/A. The fourth Defendant is employed
as: N/A at N/A.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? N/A. Describe the previous lawsuits:
- a. First prior lawsuit:
1. Parties: N/A v. N/A
 2. Court and case number: N/A
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) N/A
- b. Second prior lawsuit:
1. Parties: N/A v. N/A
 2. Court and case number: N/A
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) N/A
- c. Third prior lawsuit:
1. Parties: N/A v. N/A
 2. Court and case number: N/A
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) N/A

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

COUNT I

1. State the constitutional or other federal civil right that was violated:

Information Act, 5 U.S.C. § 552 (FOIA)

2. Count I. Identify the issue involved. Check
- only one**
- . State additional issues in separate counts.

☐ Basic necessities ☐ Mail ☐ Access to the court ☐ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation
☐ Excessive force by an officer ☐ Threat to safety ☒ Other: 5 U.S.C. § 552

3. Supporting Facts. State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On March 30, 2020, I mailed a FOIA request, see Exhibit A and Exhibit B, to Defendant. After allowing the 20 day statutory time limit to elapse, I appealed defendant's non-compliance with the FOIA request to the U.S. Department of Justice Office of Information Policy on June 10, 2020. See Exhibit C.

On June 30, 2020, the U.S. DOJ OIP responded and assigned the appeal no. A-2020-01309. See Exhibit D. On July 7, 2020, the U.S. DOJ OIP issued its final decision stating no adverse determination was made by defendant, and thus nothing to appeal. See Exhibit E.

In August/September 2020, the defendant stated it would comply after my criminal case was concluded. Since that time, I have sent two follow-up letters to defendant requesting production, but have received no response nor acknowledgment whatsoever to date. This civil action follows.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

I am being deprived of non-exempt information under FOIA that substantially supplements the basis for at least two properly preserved constitutional claims.

5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
- b. Did you submit a request for administrative relief on Count I? ☒ Yes ☐ No
- c. Did you appeal your request for relief on Count I to the highest level? ☒ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

N/A

COUNT II

1. State the constitutional or other federal civil right that was violated: N/A

2. **Count II.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: <u>N/A</u> | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

N/A

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

N/A

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
- Did you submit a request for administrative relief on Count II? ☒ Yes ☐ No
- Did you appeal your request for relief on Count II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. N/A

COUNT III

1. State the constitutional or other federal civil right that was violated: N/A

2. **Count III.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: <u>N/A</u> | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

N/A

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

N/A

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
- Did you submit a request for administrative relief on Count III? ☒ Yes ☐ No
- Did you appeal your request for relief on Count III to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. N/A

If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

*immediate enjoinder of defendant
that requires production and viewing
access at USPT Tucson of the information
requested in the March 29, 2020 request.*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/23/2021
DATE

x Keith Walton
SIGNATURE OF PLAINTIFF

N/A
(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

N/A
(Signature of attorney, if any)

N/A
(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.